

San Juan County - Cares Grant

Q #		Required?
1	Email Address	Y
2	Business Legal Name	Y
3	Business Physical Address	Y
4	Business Mailing Address	Y
5	Entity EIN/SSN	Y
6	Business Industry	Y
7	First and Last Name	Y
8	Title	Y
9	Work Phone	Y
10	Mobile Phone	Y
11	I own a registered business in San Juan County or City in San Juan and have a business license as of August 1st, 2020 with the following	Y
12	Upload a copy of your business License here	Y
13	What is the current operation status of your business?	Y
14	As of March 1st, 2020 - How many employees worked for the business (Including the owner)?	Y
15	As of September 1, 2020 - How many employees worked for the business (Including the owner)?	Y
16	My business is a franchise	Y
17	Date business established	Y
18	Please provide a brief explanation of your business's intended use if given CARES funding.	Y
19	What changes or challenges do you anticipate for the next 6 months? Please check all that apply.	Y
20	My business has received an Emergency Revolving Loan Fund (RLF)	Y
21	My business has received EIDL assistance	Y
22	My business has received PPP assistance	Y
23	My business has received SBA assistance	Y
24	My business has received San Juan County CARES funding	Y
25	If your business has received CARES funding in the previous round, how much was the business given.	Y
26	Has your business received any other CARES or COVID-19 relief not listed above?	Y
27	Profit Loss Form (January 1, 2020 - September 1, 2020)	Y

28	State the business's loss from January 1, 2020 - September 1, 2020 (Please put a negative sign to represent a loss)	Short answer text	Y
29	W-9 Upload	Add file	Y
30	Primary Owner Racial Categories (Select All That Apply)	Checkbox: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other pacific islander, White, other	Y
31	How did you hear about San Juan County CARES Program?	San Juan County Email, Utility Bill Newsletter, Social Media, Newspaper or other media, word of mouth, other	Y
32	Good Faith Certification:	signature	Y
33	I understand that claiming business confidentiality as outlined here is strongly encouraged and that my decision regarding business confidentiality will not impact my eligibility for funding under the program.	Multiple Choice: a) I claim business confidentiality (recommended) b) I waive my right to business confidentiality	Y